



CONFIDENTIAL TRANSFER REPORT

APPLICANT'S SECTION

After completing this section, give this form to the Dean of Students, your Academic Advisor, the Registrar or other appropriate college official.

Have you previously applied to Ohio Wesleyan University? Yes No

Legal Name _____
Last First Middle Prefer to be called (nickname)

Permanent Home Address _____
Number and Street

City County State Zip

College/University _____

Dates Attended _____ Social Security Number _____ - _____ - _____

I hereby authorize release of this information to Ohio Wesleyan _____
Signature

OFFICIAL COLLEGE SECTION

(Please use reverse side if needed to elaborate.)

1. Is this student in good academic standing and unconditionally eligible to return next semester? Yes No

2. If possible, please comment on the following:

a. The student's reasons for requesting transfer _____

b. The student's ability to live with others _____

c. The student's relationship with faculty and staff _____

d. The student's personal strengths and weaknesses _____

3. Do Not Recommend Recommend With Reservations Recommend Recommend Fairly Strongly Recommend With Enthusiasm

4. Basis of Report:

- Records only: no personal contact with student
- Comments of other college personnel
- Conference or interview
- Personal acquaintance
- Other; please explain: _____

Signature: _____ Please print name: _____

Position: _____ Phone: _____

College/University: _____

